



HBSC Briefing Paper 1

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HBSC is the Health Behaviour in School-Aged Children: WHO Collaborative Cross-National Study

Introduction, Background and Dissemination of the 2002 HBSC Survey in Scotland

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Introduction

The most recent Health Behaviour in School-Aged Children (HBSC): World Health Organisation Collaborative Cross-National Survey was conducted in 2001/ 2002 in 35 countries. In Scotland the survey took place in the spring of 2002 and was carried out by the Child and Adolescent Health Research Unit (CAHRU), University of Edinburgh, funded by the Health Education Board for Scotland. This paper provides background information on the HBSC study and describes the dissemination of the Scottish survey's findings through a series of HBSC Briefing Papers.

Background information on the HBSC Study

Description of the HBSC Study

Health Behaviour in School-aged Children (HBSC) is a cross-national research study conducted in collaboration with the World Health Organisation (WHO) Regional Office for Europe. The study aims to gain new insight into, and increase our understanding of young people's health and well-being, health behaviours and their social context. The findings from the HBSC surveys are used to inform and influence health promotion and health education policy and practice at national and international levels. HBSC considers young people's health in its broadest sense, encompassing physical, social and emotional wellbeing, not just absence of disease; thus health is viewed as a resource for everyday living.

HBSC studies the context of health including family, school and peer settings, and the local area and socioeconomic environment in which young people grow up, in order to understand fully the patterns of health and health behaviour found in the adolescent population.

A brief history

HBSC was initiated in 1982 by researchers from three countries and shortly afterwards the project was adopted by the World Health Organisation as a WHO collaborative study. There are now 36 participating countries and regions. Surveys are conducted every four years using a common research protocol. The most recent survey, the sixth in the series, was conducted in 2001/02.

Scotland joined HBSC in the late 1980s and conducted its first national HBSC survey in 1990 as part of the 1989/90 cross-national

study. Three more national surveys have been conducted in Scotland in 1994, 1998 and the latest in 2002. Candace Currie is the Principal Investigator for HBSC in Scotland.

Target population and samples

The target population of the HBSC study is young people attending school, aged 11, 13 and 15 years. These age groups represent the onset of adolescence, the challenge of physical and emotional changes, and the middle teenage years when important life and career decisions are beginning to be made.

The survey is carried out on a nationally representative sample in each participating country. The sample consists of approximately 1500 from each age group (ie. a total of 4500 from each participating country).

Data collection and the survey instrument

HBSC is a school-based survey with data collected through self-completion questionnaires administered in the classroom. Fieldwork for each cross-national survey is carried out over a period of around seven to eight months, from October to May of the following year. This reflects the sampling strategy used in each country in order to achieve the mean ages of 11.5, 13.5 and 15.5.

Survey Instrument

The HBSC survey instrument is a standard questionnaire developed by the international research network and used by all participating countries. Each survey questionnaire contains a core set of questions looking at the following:

- **Background factors:** demographics and maturation, social background (family structure, socio-economic status)
- **Individual and social resources:** body image, family support, peers, school environment
- **Health behaviours:** physical activity, eating and dieting, smoking, alcohol use, cannabis use, sexual behaviour, violence and bullying, injuries
- **Health outcomes:** symptoms, life satisfaction, self-reported health, Body Mass Index

Many countries also include additional items in their national questionnaire that are of particular interest on a national level.

International Research Protocols

A full Research Protocol is produced for each HBSC international survey. They include scientific rationales for the survey items, the standard international questionnaire and technical appendices on data collection and management. The 2001/2002 HBSC Survey Research Protocol¹ can be downloaded from the HBSC web-site (<http://www.hbsc.org>) or is available from CAHRU at the University of Edinburgh.

International data

The data collected in each country is sent to the HBSC Data Bank at the University of Bergen, Norway. It is then cleaned and compiled into an international data file by the Norwegian Social Science Data Services (NSD) under the guidance of the study's Data Bank Manager. The international data file is restricted for the use of member country teams for a period of three years, after which time the data is available for external use by agreement with the International Coordinator and the Principal Investigators.

Data Analysis

The international standard questionnaire enables the collection of common data across all participating countries and thus enables the quantification of patterns of key health behaviours, health indicators and contextual factors. These data allow cross-national comparisons to be made and, with successive surveys, trend data is gathered and may be examined at both the national and cross-national level. Data analysis is carried out by members of the research network, and their collaborators. The study encompasses school systems, and embraces many cultures and languages (within and between countries). Every effort is made to standardise the methods employed across countries in order to achieve the best possible comparable data that a cross-national survey will allow.

The HBSC study network

The study is developed by a multi-disciplinary network of researchers from a growing number of countries in Europe and North America. The HBSC Research Network comprises the country Principal Investigators and their research teams. The network collaborates on a range of research activities in addition to

collection of common data across countries. All members participate and contribute to the development of the study within their area of interest and expertise. The network aims to promote academic cross-national collaboration and the sharing of skills and expertise.

International Coordination of HBSC

CAHRU is currently the International Coordinating Centre (ICC) of HBSC. Candace Currie has been elected International Coordinator of the study since 1995.

The Centre is responsible for coordinating all international activities within the HBSC research network. These include the production of survey protocols and international reports; planning and organising the network's bi-annual meetings; facilitating network communications; and acting as a resource centre for information on the study for members and external agencies and professionals. The network comprises over 150 researchers from the 36 member countries and regions in Europe and North America and is continually expanding. The ICC role facilitates sharing of expertise and intelligence on priority adolescent health issues in an international context, which creates a resource for public health and health education both nationally and across Europe and North America. The centre has an increasing number of contacts from individuals and organisations involved in adolescent health research and health promotion worldwide.

World Health Organization

Collaboration with the study's primary partner, the WHO Regional Office for Europe creates opportunities for, and facilitates, the wide dissemination and utilisation of HBSC research findings. WHO publishes the Health Policy for Children and Adolescents (HEPCA) series of reports on HBSC study findings^{2,3}. This series will include the international report from the 2001/ 2002 survey due to be published on October 7th 2003.

Funding of HBSC in Scotland

The national HBSC study is funded by the Health Education Board for Scotland (HEBS). The International Coordinating Centre of the HBSC Study is jointly funded by HEBS and the Chief Medical Office, Scottish Executive.

Dissemination from the 2002 Scottish HBSC survey HBSC Briefing Paper Series

The HBSC Briefing Paper Series aims to provide useful, up to date and accessible information on the health and health-related behaviour of schoolchildren to schools, and to organisations and professionals with a remit for young people's health promotion and health improvement.

The series marks a new style of presenting findings from the HBSC Study in Scotland and is part of a comprehensive dissemination plan for the 2002 survey.

Objectives of 2002 HBSC Dissemination Plan in Scotland:

- To disseminate findings on national priority health issues from the 2002 survey to key end-users
- To increase understanding of patterns and social contexts of health in Scottish schoolchildren
- To bring attention to health issues that may not be considered current priorities but where concerns need to be raised
- To present trends in health of Scottish schoolchildren
- To place findings on Scottish schoolchildren in an international context through comparisons with other European countries and North America
- To contribute to the information base and to policy discussions on Scottish schoolchildren's health
- To collaborate with policy experts to ensure relevant information is provided in HBSC dissemination

Timing and target groups

Following this introductory paper, the second paper in the series will be on Mental Well-Being. Other proposed topics for papers to be published in 2003 and 2004 include Physical Activity, Eating and Dieting, and Sexual Health. It is intended that four papers will be produced per year from spring 2003 until 2005 when preparation for the 2006 Scottish HBSC survey will begin. The papers will be available to download from the CAHRU web-site (<http://www.education.ed.ac.uk/cahru/projects/hbhc>), as well as in printed form. The HBSC Briefing Papers will be distributed to schools, local authorities, health boards, government departments and professionals in a range of relevant organisations.

Format and content of the HBSC Briefing Paper Series

The series will consist of short focussed papers on priority health topics. The topics will be selected based on discussions with the National HBSC Study Advisory Group and key user groups. Information will be generally presented in two types of briefing papers:

Descriptive papers presenting figures on:

- age and gender differences in health and behaviour in 2002
- changes in patterns since the mid 1990s
- comparisons of Scottish figures with those from other countries

These papers will allow readers to assess whether the picture in Scotland is improving in terms of the health of its young people, and how Scotland compares to countries across Europe and North America

Analytical papers that examine:

- maturational factors
- the roles of the family, peers, school and local area
- socioeconomic factors

These papers will aim to get a better understanding of individual and social environmental influences on health and behaviour and explore implications of the findings for policy and practice.

Data used in the HBSC Briefing Papers

The data used in these dissemination papers will be from the 2001/2 HBSC survey conducted in Scotland in spring 2002. In addition, data from earlier HBSC surveys conducted in 1990, 1994 and 1998 in Scotland will be used to examine trends over time; and cross-national comparisons will be made using data from the 1997/98 and 2001/2 surveys.

The 2002 HBSC Survey in Scotland involved pupils from mixed ability classes completing a questionnaire anonymously in the classroom. The sample was nationally representative and included pupils from Primary 7 (11-year-olds, n=1743), Secondary 2 (13-year-olds, n=1512) and Secondary 4 (15-year-olds, n=1149) giving a total sample of 4,404.

Further statistical information

To accompany each HBSC Briefing Paper, more detailed statistical information will be available in the form of tables. A technical report with frequencies of all key health indicators and behaviours will also be produced in 2003. The tables and technical report will be available on the HBSC page of the CAHRU website (www.education.ed.ac.uk/cahru/projects/hbhc) or directly from CAHRU.

Other planned dissemination activities

October 7th 2003: publication and event to launch the HBSC International Report of the 2001/ 2002 Survey, to be published by

the WHO Regional Office for Europe. The launch event will take place at the University of Edinburgh, organised by the HBSC International Coordinating Centre based at CAHRU in collaboration with HEBS and the University of Edinburgh.

October 7th 2003: publication of a Scottish Summary Report – a short report that presents the cross-national data in such a way as to highlight Scotland's health profile among young people.

Date to be decided: publication of a comprehensive national report that examines the factors that influence the health and health related behaviour of schoolchildren in Scotland; trends in the health of Scotland's schoolchildren since the 1990s; and comparisons with the 34 other countries across Europe and North America surveyed in 2001/2. The aim of the report will be to provide policy makers with an overview of schoolchildren's health and health related behaviour in Scotland that can be used to reflect on current health priorities and as a basis for future planning.

References

1. Currie C, Samdal O, Boyce W and Smith R (eds.) (2001) *Health Behaviour in School-Aged Children: a WHO Cross-National Study (HBSC): Research Protocol for the 2001/2002 Survey*.
2. Currie C, Hurrelmann K, Settertobulte W, Smith R & Todd J. (eds) (2000) *Health and health behaviour among young people. 1997/98 International Report: Health and Health Behaviour among Young People WHO Policy Series: Health policy for children and adolescents*. Issue 1, WHO Regional Office for Europe, Copenhagen.
3. Kolip P & Schmidt B. (1999) *Gender and Health in Adolescence. WHO Policy Series: Health policy for children and adolescents*. Issue 2, WHO Regional Office for Europe.

HBSC publications and HBSC Information

See CAHRU website

(www.education.ed.ac.uk/cahru/projects/hbhc) and also the International Study website (www.hbhc.org).

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